

Burnout Syndrome: Understanding of Medical Teaching Professionals

ORIGINAL

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Abstract

This study aimed to investigate the understanding of medical teaching professionals about Burnout Syndrome. This is a qualitative, exploratory study, consisting of ten teaching physicians, who work at the hospital of a higher education institution. The data were collected from May to June 2013, through a form with questions pertinent to the proposed research objective, after approval by the Research Ethics Committee (CAAE n. 06240312.9.0000.5188), and analyzed qualitatively, through the content analysis technique (Bardin). Among the 10 participants in the study, eight had adequate knowledge about Burnout Syndrome, while others showed insufficient knowledge. From the empirical material analysis, five thematic categories emerged: Syndrome characterized by physical and psychological exhaustion due to work stress; Physical and psychological signs and symptoms of Burnout Syndrome; Burnout syndrome and its implications for the worker's health; The most vulnerable workers who develop Burnout Syndrome and Relation of Burnout Syndrome to the work of the teaching physician. The study showed that most participants in the research adequately understand Burnout Syndrome, but the subject is still little explored in academia. Therefore, intervention measures are necessary with the professionals of the risk group and new studies that contribute to expand the knowledge about that syndrome, aiming to improve the quality of life of the workers.

Keywords

Worker's Health; Professional Exhaustion; Doctors; Professors; Work Conditions.

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Introduction

One lives in a world of constant changes that affect varied spheres of society. The area of work has stood out as the object of those changes, which evidences workers as a subject exposed to social, psychological and operational changes in their reality. Those transformations point not only to positive aspects, such as the advance in work relations, but also to new forms of illness and commitment of the worker. It is not by chance that, in the last three decades, the worker's health has stood out as object of study and can be perceived as an expression of the historical, social and cultural conditions in which work plays a crucial role. When working in the health (doctor and nurse) and education (teacher) areas, loads and wear that negatively affect the worker's health deserve general investigations that link morbidity to occupation. That need is even more pressing when that worker performs those two activities at the same time [1].

Among the various possibilities of illness related to work, mental health appears to be increasingly vulnerable. The first studies on the worker's mental health sought to clarify the stressful aspects common in work environments of health professionals, in order to identify their ways to live with those aspects, specific techniques they used to overcome stress and the effects when they sought to prevent them [2]. Regarding the mental health of teaching professionals, the initial studies focused on the fact that the teacher is experiencing a great moment of social pressure, which causes the need to demonstrate a good development in his/her work and results in psychological, physical and emotional distress [3].

Given those questions, both the health as the teaching professional often show a kind of distance and exhaustion that can lead to a situation of abandonment and hopelessness, lack of expectation at work and increased difficulty to face it, leading to different physical and psychological health problems, especially Burnout Syndrome [4].

The Burnout term results from an English composition - *burn*, and *out*, which suggests that the person with that type of stress is consumed physically and emotionally. Publicly, Maslach first used it at the Annual Congress of the American Psychological Association in 1997. Although initially criticized, it was quickly accepted and became the subject of numerous scientific papers, books, and presentations at congresses of Psychology, Psychiatry and Medical Education. It became, then, an unquestionable concept and subject of investigation in studies worldwide [5].

Currently, the Burnout Syndrome is considered an important public health problem [6]. Although it is a work-related disease, contemplated in List B of the Social Security Regulation, established by the Brazilian Ministry of Social Security and Social Welfare [7], it is still underdiagnosed, since its size and specific characterization need to be further investigated [8].

Burnout develops over the years and is almost never perceived in its early stages; its development is slow and rarely acute. The onset characterizes by the presence of an excessive and prolonging level of tension [9].

The Burnout Syndrome consists of three dimensions: emotional exhaustion, depersonalization and low professional achievement. Emotional exhaustion characterizes by a lack of energy and a sense of resource depletion in relation to work, caused mainly by personal conflict in relationships and overload. Depersonalization is a psychic state in which there is prevalence of affective concealment, detachment and an impersonal form of treatment with the clientele, and may present symptoms such as discomfort with the results, self-directed behavior, alienation, anxiety, irritability, and demotivation. The low professional achievement characterizes by the tendency of the worker to self-evaluate in a negative way; there is dissatisfaction with his/her professional development, and he/she experiences a decline in competence and success [9].

The professional categories part of the Burnout risk group are doctors, teachers, nurses, psychologists and police. However, the medical category is the most vulnerable, followed by the teaching category. Knowing the characteristics of the Burnout Syndrome is also a factor that helps preventing and treating it. This study aimed to investigate the knowledge of Burnout Syndrome by medical professionals who, due to the development of two occupational activities belonging to the risk group, are even more likely to become ill.

Methods

This is an exploratory study with a qualitative approach, carried out at a public hospital institution of higher education in the city of João Pessoa, Paraíba, Brazil, and whose population involved medical professionals from the hospital selected for the study. In order to select the sample, the following inclusion criteria were adopted: working at the institution chosen for the study at the moment of data collection; having at least one year of professional performance and availability to participate in the research.

Based on the previously established inclusion criteria, the sample consisted of ten professionals. Two did not fulfill the instrument, claiming to be unaware of the mentioned topic, and eight returned the questionnaire complete. Thus, the sample used effectively in the analysis consisted of eight teaching physicians. The empirical material coming from those professionals was codified in order to maintain their anonymity. Therefore, the letter "M", followed by numbers from one to ten identified the forms. Examples: "M1", "M2", and so on.

Data collection occurred from May to June 2013. For this purpose, there was application of a questionnaire with questions pertinent to the proposed research objective. The study followed the ethical recommendations from the guidelines and regulatory norms for researches with human beings,

established in Resolution 466/12 of the National Health Council, in force in the country, to meet the ethical principle of autonomy and respect for research participants, to recognize their vulnerability and to assure their willingness to contribute and remain, or not, in the research, through an expressed, free and enlightened manifestation [10]. Thus, the Research Ethics Committee of the Federal University of Paraíba (UFPB), João Pessoa - PB, approved the research project in August/2012, under the CAAE n. 06240312.9.0000.5188.

The study participants were informed about the following aspects: study objectives, justification, procedures, contribution, anonymity guarantee, reliability in data analysis and the right to participate, or not, in the study, and to withdraw at any time without any harm, thus signing the Informed Consent Form (ICF).

The empirical material obtained, based on subjective questions, included in a form, was grouped and analyzed using the content analysis technique proposed by Bardin. That method consists of three stages: pre-analysis, in which the researcher performs a floating reading of the data that will guide the analysis according to the proposed objective; Exploitation of the material, when the material is coded, that is, subjected to a process whereby raw data are aggregated into thematic categories; and the treatment and interpretation of the results, in which the empirical data obtained are analyzed according to the revealed thematic categories, supported by the literature on the studied topic [11].

Results and Discussion

Among the ten professionals selected for the study, only eight participated directly in the proposed research. The others reported not knowing about the Burnout Syndrome. Lack of knowledge and the consequent distancing from the problem depict a worrying situation, due to the sneaky nature of that

malady, which may be present intermittently and progress with time [12].

The lack of knowledge of medical professors about Burnout shows not only an oversight regarding their own health, but also a lack of their teaching practice, since they form opinions and other professionals who will also be part of the Burnout Syndrome risk group in the future. A study on that syndrome with health professionals revealed that the low importance given to the theme in the training of those professionals happens, among other factors, due to the distorted view that contents related to that worker's health can be learned in the professional life. It is worrisome, since it implies the absence of implementation of combat measures, in order to provide a better quality of life in the work environment [8].

The thematic categories seized through the content analysis technique, based on the empirical material of the study, were: Syndrome characterized by physical and psychological exhaustion due to work stress; Physical and psychological signs and symptoms of Burnout Syndrome; Burnout syndrome and its implications for the worker's health; The most vulnerable workers who develop Burnout Syndrome and Relation of Burnout Syndrome to the work of the teaching physician.

Category I. Syndrome characterized by physical and psychological exhaustion due to work stress

The results on how the teaching physicians understand Burnout Syndrome in relation to physical exhaustion due to work stress have demonstrated that a most of them understand that the illness relates to depressive condition, emotional tension, psychological disorder and physical exhaustion due to the high workload, as shown in the following statements:

Relates to depressive condition.

M1.

[...] The professional has a psychological disorder of depressive nature.

M2.

[...] It is a psychic disorder of depressive nature, preceded by intense physical and mental exhaustion in professional life.

M3.

Do not know the syndrome.

M4,5.

[...] It is the state of emotional tension, chronic stress caused by work conditions.

M6.

It is a professional self-stress.

M7.

It is a syndrome generated by excessive insoluble works, dissatisfaction, in the work, works that require a lot of concentration and use of the mind.

M8.

Lives of intensive labor, exhaustion.

M9.

Nevertheless, there is some difficulty in conceptualizing the syndrome. One of the reasons are the various nomenclatures used for psychological illnesses - stress, emotional exhaustion, psychological exhaustion, emotional distress, depression, among others. For Cunha [13], it would be quite complex to expose all the studies on Burnout in Brazil. The difficulty regarding the concept and the various used expressions, in addition to the territorial extension, greatly jeopardizes the task.

The depletion of experienced energy occurs when professionals feel overwhelmed by someone else's problems. Burnout syndrome is a response to chronic stress, whose components are a syndrome of emotional and/or physical exhaustion, low labor productivity and excessive depersonalization

[14]. That syndrome may relate to the emotional response to chronic stress situations due to intense work hours or to the high expectations regarding their professional development and dedication, and not achieving the expectations [15, 16]. Its initial studies referred to it as a self-help syndrome, which requires the professional to demand more attention to people who are in vulnerable situations of dependence [17, 18].

The medical and teaching activities are full of numerous situations that generate conflicts due to the relationship between peers and management, the profession-related activities, the relationship with patients and students, the accumulation of functions. Those factors commonly trigger processes that affect the quality of professional practice, quality of life, and physical and mental health [19].

University professors and physicians are in the group with a high probability of developing the Burnout Syndrome, also called The Careless Caregiver Syndrome, alluding to the professional's inattention to self-help. Therefore, combining the two professions practiced by teaching physicians, there is an even greater prevalence of the syndrome or an imminent risk of developing it [17].

Category II. Physical and psychological signs and symptoms of the Burnout Syndrome

The Burnout Syndrome is defined as a reaction to chronic emotional tension, by the act of dealing excessively with people in the work environment. Its signs and symptoms can be grouped into four areas: psychosomatic, behavioral, emotional and defense. Lack of energy and enthusiasm, lack of interest for students and/or patients, frustration and lack of motivation, high absenteeism and desire to change jobs constitute it [19].

Traditionally, the Burnout Syndrome has been defined as a situation in which the affected person experiences feelings of "emotional fatigue", "depersonalization", and "lack of personal fulfillment".

"Emotional fatigue" prevents workers from engaging in their work on an emotional level due to the perceived lack of energy [20].

The study participants mentioned some signs and symptoms of the disease:

Stress, insomnia and anhedonia.

M1.

Physical and psychological exhaustion, the professional has severe headaches, shortness of breath.

M2.

Headaches, sleep disorders, mood swings, physical exhaustion, and depression.

M3.

Do not know.

M4,5.

[...] Headache, tremors, shortness of breath, sleep disorders, concentration difficulty.

M6.

Tachycardia, excessive sweating, hypertension, sleep disorders, anxiety, depression, headache, discouragement, fatigue, physical tiredness, irritability, among others.

M7.

Fatigue, depression, discouragement, body aches, headache, inattention, lack of interest, insomnia, epigastric pain.

M8.

Stress, depression and Panic Syndrome.

M9.

Headache, dizziness, mood swings and sleep disorders.

M10.

All of those signs and symptoms described by the study participants can be included in any of the

four symptomatology classes of Burnout Syndrome: physical - when the worker has constant fatigue, sleep disorders, lack of appetite and muscle pain; psychic - lack of attention, memory changes, anxiety and frustration; behavioral - when the individual is negligent at work, with occasional or instant irritability, inability to concentrate, increased conflicting relationships with colleagues, long breaks for rest, irregular compliance with working hours; and defensive - when the worker tends to be isolated, feeling omnipotent, impoverished work quality and cynical attitude [21].

Those same psychological signs and symptoms identified by the study participants are described as negative feelings and attitudes of teaching physicians, such as dissatisfaction, irritability, aggressiveness, interfere with their professional performance, and have consequences involving the deterioration of interpersonal relationships and work income [15].

It is important to emphasize that the symptoms of Burnout affect mainly the highly committed, motivated, dedicated professionals, with high expectations, hopes and tendency towards perfectionism in relation to their career. In those workers, it is possible to observe a progressive reduction of their productivity, which interferes with the quality of the provided service [22].

Category III. Burnout Syndrome and its implications for the worker's health

According to the study participants' answers, Burnout Syndrome is a triggering factor for both physical as psychological problems, which interfere with the personal and work life of the worker and has negative consequences at the individual, professional, family and social levels, as demonstrated by the following statements:

Depression and anxiety.

M1.

The worker can get to a physical and mental exhaustion, new condition, depressive, and change of mood.

M2.

The worker will have occupational and institutional stress, which may lead to depression and even to the definitive withdrawal of the work.

M3.

Do not know.

M4,5.

The patient may experience intense physical stress, and may even retire earlier.

M6.

Emotional, psychological and physical problems.

M7.

Worker imbalance.

M8.

Gastrointestinal disorders, obesity and heart problems.

M9.

Physical and mental impairment, fatigue and functional disability.

M10.

Most of the study participants mentioned the consequence of the physical and mental exhaustion, followed by behavioral disorders, depression, withdrawal from work, among others.

The syndrome is considered one of the most serious consequences of stress or professional exhaustion, caused by feelings of exhaustion, frustration and incapacity, which leads the professional to feel guilty for not doing the work according to the expectations, taking the stress to his/her home environment [23].

The first negative feelings are directed at the process triggers, that is, clients and co-workers; later, they reach friends and relatives and, lastly, the professional him/herself. The physical symptoms and possible consequences of that syndrome are headache, gastrointestinal disorders, absenteeism, intention to leave the job, low productivity, increased turnover, decreased satisfaction with work. The psychic symptoms are anxiety, depression, demotivation, frustration, fear, anger, hostility, decreased self-esteem and sleep disorders [24]. It can also trigger suffering, emotional tension, irritation, premature aging, increased illness and death from cardiovascular diseases and other chronic-degenerative diseases such as musculoskeletal disorders. That whole picture directly affects the work performance and compromises the professional, not only regarding the effectiveness of the work, but also to the very meaning and sense that the work has for him/her: what was previously a motive of pleasure and accomplishment becomes the cause of illness and frustration [1].

Category IV. The most vulnerable workers who develop Burnout Syndrome

Burnout was recognized as an occupational hazard for occupations involving health care, education and human services, that is, it affects, mainly, service professionals or caregivers when in direct and intense contact with people [1, 25, 26]. Risk groups include health and education professionals, police officers and penitentiary agents, among others.

The literature on Burnout Syndrome points to endemism among elementary and secondary school-teachers and among health professionals [27]. In relation to higher education teachers, the literature is incipient.

The statements of the professionals involved in the study portrayed that they know the most vulnerable workers to develop the Burnout Syndrome. Most of the study participants mentioned health professionals, followed by: professionals exposed to

high stress, teachers, bankers, among others. The following reports show this understanding:

Health professional.

M1.

All those who have daily contact with people, which requires an exaggerated physical and mental detachment.

M2.

Psychiatrist, bankers and all workers exposed to high stress every day.

M3.

Do not know.

M4,5.

Medical, truck drivers, domestic workers, lawyers, bricklayers and all general health area.

M6.

Health professional, teachers.

M7,10.

Teachers, police officers and bankers.

M8.

Those with hourly loads higher than the allowed ones and with great exigency in the work.

M9.

From the answers, it is possible to notice that, in addition to the two participants who did not know which workers were most vulnerable to the Burnout Syndrome (M4 and M5), two of them (M6 and M9) did not adequately identify those professionals. There was inclusion of categories that are not part of the Burnout risk group, despite having their own stress: truck drivers, domestic workers, bricklayers and professionals with high hourly workloads. In the remaining responses, only three participants (M2, M7 and M10) included teachers and health professionals together.

This result points to a possible misrepresentation and disinformation regarding the knowledge of the professionals who can acquire Burnout Syndrome from the study participants. It reveals a weakness that can affect teachers' performance and further increase their vulnerability to Burnout [1].

Category V. Relation of Burnout Syndrome to the work of the teaching physician

All participants in the study who presented an understanding of the Burnout Syndrome related the syndrome to their work, and recognize, in their work activity, a vulnerability and fragility that can certainly reach them. The following statements demonstrate it:

Yes... many working hours associated with wear in managing important situations in the health of serious patients.

M1.

Yes, I am every day vulnerable to psychological distress and physical exhaustion.

M2.

Yes, because every day I am exposed to high stress.

M3.

Do not know.

M4,5.

Yes, because my work demands a lot from me, both mentally as physically.

M6.

Yes, sometimes because of the excessive and overloaded work.

M7.

Yes, if there were disorganization in the institution with excessive work or unfair colleagues that hinder the institution.

M8.

Certainly, stress and little leisure.

M9.

Yes, the physical and mental distress that we physicians go through every day makes us vulnerable. Due to the decision of the teaching activity.

M10.

Once more, the speeches express an identification with a reality linked to demands that fall not only on the medical professional, but also on the teacher, especially the university professor. Those professions relate to stressful factors that encompass the objective, subjective, and social aspects of life. They deal directly with others in their work and constantly face problems concerning patients, students and colleagues, as well as sociopolitical, welfare and economic difficulties and day-to-day practices. Low investment in health and education often places those professionals in conflict situations. The demands for quality work are increasing due to a highly competitive and unfair market [28].

Conclusion

The development of this study allowed showing that some of the teaching physicians participating in the research presented adequate knowledge about Burnout Syndrome, while others demonstrated insufficient knowledge.

Lack of knowledge causes a distancing from the problem and hampers carrying out preventive measures, early diagnosis and the search for an adequate treatment for those professionals, considered an important risk group to acquire such syndrome.

This theme has still little discussion in the university training in health, especially in the Medical Courses, which makes it difficult to approach the problem, with the identification of cases and the specific treatment. Furthermore, the lack of adequate knowledge also hampers the managers to intervene on the problem, with the adoption of

measures aimed at combating it by investing in organizational actions aimed at a better working environment for the teaching physician, which will positively affect his/her health.

Therefore, this work suggests a wide dissemination of the theme in health and vocational training institutions, with the accomplishment of studies, events, lectures, group discussions, so that professionals can detect that syndrome early and initiate interventions before there are biological, psychological and social changes to health, compromising performance in work activity and even family relationships.

Moreover, this study brings a reflection on a topic that yet little explored in the academic environment and prompts the development of new studies that contribute to the acquisition of more knowledge about that syndrome in the academic environment, improving the quality of life of the teaching physician in his/her work environment.

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